# Confidential Infectious Disease Report Form
# State of Alaska, Section of Epidemiology

Health care providers may use this form for making infectious disease reports. Please use the STD/HIV Disease Report Form for reporting of Sexually Transmitted Diseases (STD) and HIV. Forms may be found at https://health.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx .

**Immediately report any suspected or confirmed public health emergency to 907-269-8000 (during business hours) or 1-800-478-0084 (afterhours). Diseases classified as public health emergencies are listed in bold on page 6 on the Disease Reporting Manual** (https://health.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf).

## Patient Information

**Last Name** _____ **First Name**_____ **MI** _____

**Date of birth** ____/____/_____ (mm/dd/yyyy) **Sex:** ☐ Female ☐ Male ☐ Other **Pregnant:** ☐ No ☐ Yes EDC ___/___/____ ☐ Unknown

**Race:** ☐ White ☐ Black ☐ Alaska Native/American Indian ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Unknown ☐ Other _____

**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

**Physical Address** _____ **PO Box** _____

**City** _____ **State**_____ **Zip Code** _____

**Phones (home)** _____ **(cell)** _____ **(work)** _____

## Disease Information

**Name of Disease**_____ **Specimen Collection Date:** ____/____/_____

**Was the diagnosis laboratory confirmed?** ☐Yes ☐ No

*If so, please include a copy of the lab result

**Result:** ☐ Positive ☐ Negative ☐ Indeterminate

**Type of Specimen:** ☐ Stool ☐ Blood ☐ CSF ☐ Nasopharyngeal swab ☐ Other_____

**Type of Test:** ☐ Culture ☐ PCR ☐ Rapid test ☐ Antigen test ☐ Serology ☐ Other_____

**Name of Medical Facility** _____ **Phone** _____

**Patient Status:** ◯ Inpatient ◯ Outpatient ◯ Emergency Department

**Attending Health Care Provider** _____ **Laboratory Name (if known):** _____

**Reported by:** _____ **Date Reported:** ____/____/_____

Fax reports to (907) 561-4239 – please verify fax has been transmitted.
This form is also available online at https://health.alaska.gov/dph/Epi/Documents/pubs/conditions/frmInfect.pdf

*Rev 3/2025*

Clear Form